

## **City of Wichita Falls Bank Draft Authorization**

In accordance with the information provided on this application, I authorize the City of Wichita Falls to draft my checking account each month for the amount of services billed on my water account. I understand that my next month bill will only be a test and will not be drafted. The amount for future bills will be drafted on the following Friday after the due date on the bill unless the bill is due on a Friday then it will be drafted that day. I also understand that should my checking account have an insufficient account balance to cover the drafted amount on two occasions this service will be discontinued.

Utility Customer Name (Last, First, Middle I.) \_\_\_\_\_

Service Address including City, State, and Zip: \_\_\_\_\_

Customer Phone Number: \_\_\_\_\_

Social Security Number (optional): \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address including City, State and Zip: \_\_\_\_\_

Maximum amount allowed to be drafted (no less than previous month's bill): \_\_\_\_\_

**AVOIDED CHECK IS REQUIRED TO PROCESS THIS FORM.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_